0.300	FILED MAR	13 1950	STANDARD CERTIFICATE OF DEATH State File No								
0.48	BIRTH NO				PRIMARY REG. DIST.			strar's No.		***********	
270	I. PLACE OF DEATH a. COUNTY 0zark		-		a. STATE	ENCE (Where decomed I	UNTY	otitution: resid	ience before admission).	
/	b. CITY (If outside sor OR TOWN Roman		townsh	c. LENGTH OF STAY (in this place)	C. CITY (If outside corporate limits, write RURAL and give township)			(loiden			
RECORD	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Ozark Co. Barrenfork Townshi				d. STREET (if rural, give location) ADDRESS						
	DECEASED	a. (First) lizabeth		b. (Middle) Lenora	c. (Last)		4. DATE OF DEATH	(Month)	(Day)	(Year) .950	
PERMANENT	5, SEX / 6. 6		7. MARRIED, WIDOWED, Marr	NEVER MARRIED, DIVORCED (Specify)	8. DATE OF BIRTH	30	9. AGE (In yellow)	am if themen Months	I YEAR IF DI	OER 14 H25.	
ERM	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR IN- DUSTRY Farming		11. BIRTHPLACE (State or foreign op		country) 12. (CC		COUNTRY	CITIZEN OF WHAT COUNTRY?	
4	13a. FATHER'S NAME	Ba. FATHER'S NAME		MOTHER'S MAIDEN	NAME 14. NAME OF HUSBAI						
MAKE	15. WAS DECEASED EVER (Yea. no. or unknown) (II t	R IN U.S. ARMED FO rea, give war or dates o No n.e.	ORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mr James W. Brown ROMAN			ADE	RESS		
INK—	18. CAUSE OF DEATH	I. DISEASE OR CO DIRECTLY LEADIN		MEDICAL C	ERTIFICATION	rea	at.		INTERVAL ONSET AN	BETWEEN D DEATH	
ВГАСК	*This does not mean the mode of dying, such as heart failure, asthenia, cic. It means the dis- case, injury, or complica-	ANTECEDENT CAL Morbid conditions, rise to the above can the underlying caus	if any, giving use (a) stating ce last.	DUE TO (b)							
UNFADING	tion which caused death.	II. OTHER SIGNIFI Conditions contributed to the disease	CANT CONDIT	TIONS	,				170	X	
UNEA	19a. DATE OF OPERA- TION	INGS OF OPER	RATION					20. AUTO	SY7 No [2]		
USING	21a. ACCIDENT (SUICIDE HOMICIDE			JURY (e.g., in or about r, street, office bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP	P) (C	OUNTY)	(STA	TE)	
	21d. TIME (Month) OF INJURY	21f. HOW DID INJURY OCCUR?									
PLAINLY	22. I hereby certify the alive on 3 2	ify that I attended the deceased from $3-21-$, 1949 , to $3-3$, 1950 , that I last saw the deceased 2 , 1950 , and that death occurred at 630 fm., from the causes and on the date stated above.								leceased ,	
- 14	23a. SIGNATURE	Jailes oile, no 3/3/50									
							ringfiel	<u>d, Kis</u>	souri	(State)	
	DATE REC'D BY LOCAL REG. 3-3-50	REGISTRAR'S SIG	- // -/	ewell o	25. FUNERAL DIRECT	TOR'S S	GNATURE CONTRACTOR	PHO	Ta 1	20	
			ſ.	icensed Embalmer's S	tatement on Reverse Sid	(e)	0.				

RECEIVED MAR 6 1950 District Health Office No. 6, District File Number $\frac{350-313}{3-10.50}$ Date Filed

COTT A	*****	2775 TTT	27.37	T TANK TANKS	 *

	L
I hereby certify that the body whose name is recorded on the reverse side of this certific	ate was embalmed by me, or by
, Stud	dent Embalmer No

working under my personal supervision,

Student Embalmer

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.